NEWS AND NOTES

ETHICAL STATEMENT

Artificial Feeding of Prisoners

The following statement prepared by the B.M.A.'s Central Ethical Committee was approved by the Association's Council nem. con. (with two abstentions) at its meeting on 26 June.

The procedure of artificial feeding of prisoners weakened by self-starvation has been in existence for many years. The Home Secretary has stated recently in the House of Commons that it is a long-held view that a prison medical officer would be neglecting his duty if he let the health of a prisoner on hunger-strike in his charge be endangered without attempting to help.

The Association considers that this help may take several forms and must always include an explanation to the prisoner of the effects of self-starvation upon his health. On rare occasions the desirability of artificial feeding will have to be considered. In this procedure a prison medical officer must be given complete clinical independence in deciding for or against the course of action under consideration. The priority between an obligation to preserve life and an acquiescence with the prisoner's wishes is one which doctors may assess differently, with equal sincerity, and the decision must take account of the prisoner's physical and mental state as well as the wishes which he may have expressed upon the subject.

The Association has been asked to condemn artificial feeding, which it is alleged is unethical and constitutes "torture." As far as ethics are concerned, attention is drawn to these extracts from the Declaration of Geneva (1947) of the World Medical Association: "The health of my patient will be my first consideration." "I will maintain the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." The International Code of Medical Ethics, based upon the Declaration of Geneva, applies both in time of peace and of war. The English text of the International Code includes the following statement: "A doctor must always bear in mind the obligation of preserving human life."

The crucial question for decision is whether a doctor ought to stand by and do nothing in a case of what could be tantamount to attempted suicide, even though the consent of the patient has not been given to the intended treatment considered necessary as a result of his own expressed wish.

The Association understands that the total of cases in this country over the past forty years is small and that most of those prisoners have been psychiatrically disturbed. In the majority of those cases, there has been reasonable co-operation in being artificially fed. It is stressed that some psychiatrically disturbed patients may deteriorate physically very quickly unless fed artificially, but it is possible to identify a few prisoners who refuse food but who do not at the outset show any signs of serious physical or mental illness. In the case of those patients many doctors would agree that particular attention should be given to respecting their wishes, provided that they are aged 16 or over and of sufficiently sound mind to understand fully the consequences of their decision to withhold consent to and co-operation with artificial feeding. Contrary to some reports, and after careful investigation, the Association is satisfied that prison medical officers *do* have complete freedom of clinical judgement on this as on all other matters involving medical care of patients. The doctor must always bear in mind the above quoted obligation to preserve human life; the final decision must be for him to make, and it is not for some outside person to seek to override the clinical judgement of the doctor by imposing his own decision upon the case in question.

The President of the General Medical Council has stated that in his personal opinion the participation by a doctor in procedures designed to feed a prisoner against his wishes, provided that such procedures were lawful and designed to preserve a prisoner's health, would not be regarded by the Council as serious professional misconduct. Equally, however, if a doctor felt that it was ethically repugnant to participate in the artificial feeding of a prisoner against his or her wishes, a refusal by the doctor to take part in such procedures would not be regarded as serious professional misconduct. These views were expressed in relation to the issue of serious professional misconduct, but the Association welcomes them as consistent with its own view of the importance of preserving freedom for individual clinical decision by the doctor concerned.

It has been alleged that artificial feeding constitutes "torture." A line should however be drawn between on the one hand the consequences of a voluntary act (perhaps to seek amelioration of the rigours of imprisonment) by a prisoner who has been properly tried and sentenced in this country, and, on the other hand, deliberate physical or mental torture by a totalitarian authority with the object of obtaining information from subjects who have not been tried in a normal Court of Law. The condemnatory views of the Association on the latter aspect have already been communicated to the World Medical Association.

Applicants for a post as prison medical officer should be made aware that they may have to make a decision upon such a difficult issue as the initiation and continuation of artificial feeding, and this could be an important factor in deciding whether or not they proceed with their application for the post. In the meantime, prison medical officers now in post should continue to carry out their duties as formerly.

The Association welcomes the statement made by the Home Secretary in the House of Commons on 23 May 1974 that he is considering the broader implications of this subject, and it would be glad to assist him in any way.

MEDICOLEGAL

Inquest on Hunger-striker

FROM OUR LEGAL CORRESPONDENT

The anxious decision confronting prison medical-officers as to whether to force-feed a hunger-striking prisoner is one which has to turn entirely on their own professional judgement. That has been made clear both by the Home Secretary[1] in his Commons statement on the force-feeding of the Price sisters in Brixton prison and by the B.M.A. Central Ethical Committee (see p. 52). Mr. Jenkins emphasized that the artificial feeding of the sisters from 3 December 1973 until the end of their strike on 18 May 1974 was a medical matter turning solely on the judgement of the medical officer responsible. A prison medical officer would be neglecting the duty laid upon him by Parliament, he said, if he allowed the health of a prisoner in his charge on hunger-strike to be endangered without attempting to help.

The Central Ethical Committee[1] statement shows that it is satisfied that prison medical officers do indeed have complete freedom of decision without interference from the Home Office. The committee, while pointing out that to stand by and do nothing was to leave the patient in a position tantamount to attempted suicide, at

the same time advises that attention should be given to respecting prisoners' wishes provided that they were over 16 and of sufficiently sound mind to understand the consequences of their decision. That, of course, leaves hunger-strikers in the same legal position as those outside prison who refuse medical treatment for religious or other reasons.

Parkhurst Dilemma

The dilemma of prison medical officers faced by this situation has been recounted by Dr. Brian Cooper, the Parkhurst medical officer, at the inquest on Michael Gaughan, the I.R.A. bank robber who died after a 66-day hunger-strike at the prison. Dr. Peter Pullar, the Home Office pathologist, told the Isle of Wight coroner that the cause of death was pneumonia due to malnutrition. He said that his findings were confirmed by the examination carried out by Professor Arthur Mant on behalf of the relatives of the deceased. Gaughan's bronchial tubes had been slightly congested but there had been no evidence of foreign matter in them. Nonetheless according to a report[2] in the *Guardian*, Dr. Cooper in giving evidence agreed that the force-feeding could have been a factor in causing the pneumonia.

Describing the force-feeding Dr. Cooper said that because Gaughan had been clenching his teeth, a metal clamp had been used to get his mouth open. He acknowledged that when there was resistance this procedure was not without its dangers, but commented that he had to weigh that danger against the danger of death by starvation.

From what Dr. Cooper told the court it was clear that the resistance put up by Gaughan in Parkhurst was much greater than that by the Price sisters in Brixton. Gaughan was fed on only 17 days of his strike, while the Price sisters were fed each day of theirs, and sometimes twice (according to counsel representing the relatives of the deceased). In the course of a lengthy cross-examination at the hands of counsel for Gaughan's family, the wide-ranging scope of which was objected to by the coroner, Dr. Cooper was asked whether it was reasonable to have fed Gaughan so irregularly. The doctor replied[3] that from the time that the patient had been in hospital he had been putting up a great deal of resistance. Where a man was so strong that he could resist, he said, he did not need force-feeding, particularly in view of the dangers of feeding a resisting patient.

According to Dr. Cooper, during his fast Gaughan had agreed to take water, but only in return for a promise that vitamins or calories would not be added. When pneumonia finally set in, more than 24 hours had had to pass before he could be given antibiotics. Dr. Cooper explained that the injection could not be given by force for fear of the needle breaking while the patient struggled. Furthermore Gaughan would not say whether he was allergic to antibiotics.

The resistance put up by Gaughan to force-feeding illustrates the sort of situation described by Mr. Jenkins, where the decision not to attempt it is forced on doctors by the dangers it produces if the patient struggles rather than by any policy of allowing the man to die if that is what he wishes. The difficult decision is clearly not when to force-feed, but, having force-fed, when to stop.

1 *British Medical Journal*, 1974, **2**, 513.
2 *The Guardian*, 27 June, 1974.
3 *Evening Standard*, 26 June, 1974.

EPIDEMIOLOGY

Leptospirosis

The following notes are based on reports to the Public Health Laboratory Service from public health and hospital laboratories in the United Kingdom and Republic of Ireland.

About 50 or so cases of human leptospirosis are recognized annually in the British Isles. Most are caused by the icterohaemorrhagiae, canicola, or hebdomadis serogroups. Icterohaemorrhagiae infections, arising from direct or indirect contact with rats, provide most of the serious and fatal cases, though identification of the infecting strain may be uncertain if death supervenes before an antibody response develops. Canicola infections may be traced to sick dogs but are often seen in agricultural workers; patients usually present with aseptic meningitis or pyrexia of unknown origin. Hebdomadis infections often present in the same way and are encountered in persons working on farms or in the country, where they are liable to come into contact with small rodents or cattle. Less severe infections are recognized more commonly nowadays owing to the wider use of serological tests for leptospirosis in patients presenting with pyrexia of unknown origin or other illnesses suggestive of virus infection, which milder cases often resemble.

Fifty-one cases of leptospirosis were reported in 1973, of which three ended in death. Most of the infections (45 out of 51) were in men, usually of working age. The occupation of the patients, when reported, usually turned out to be one known to be associated with some risk of exposure. Thus 16 patients were farmers, two veterinary surgeons, and there was a miner, a sewer worker, a butcher, and a boatman, but no abattoir workers were reported last year. Five patients gave a history of immersion in rivers or canals.

The clinical syndromes reported are given in the table. Only 17 of the 51 cases had Weil's syndrome with jaundice and often renal failure and haemorrhages. Of these 17 cases 10 were identified as icterohaemorrhagiae and one as canicola infections. The three fatal cases had Weil's syndrome, believed to have been caused by the icterohaemorrhagiae serogroup.

One of the fatalities was a 25-year-old man from a fishing port who for five months before he died had worked as a labourer at a fish curing and smoking firm outside the dock area. His duties included breaking up fish boxes, and though he was provided with rubber gloves he did not wear them for this job. He grazed his knuckles on a broken box and washed the graze under the tap. Five days later he became ill with pyrexia and two days later developed jaundice. His serum transaminase was high, and on the ninth day he was found to have a leptospiral antibody titre of greater than 1/300. He developed renal failure and was transferred to a renal dialysis unit, where he died. The report on this case from the public health laboratory pointed out the rarity of leptospirosis in fish workers nowadays compared with previous decades. In the port concerned between 1945 and 1964, 27 cases of leptospirosis were recognized, of which 20 were fish workers. The fatal case in 1973 was the first since 1965.

Leptospirosis in Great Britain in 1973

	Serogroup				
	Ictero.	Canicola	Hebdomadis	Pyrogenes	N.Y.D.*
Weil's syndrome	10	1	—	—	6†
Aseptic meningitis ..	1	5	7	—	1
P.U.O.	1	4	7	1	2
Renal failure	1	—	—	—	—
No information	—	—	—	—	4
Total	13	10	14	1	13

*Not yet determined. †Includes three fatal cases.

PARLIAMENT

Seat Belts

FROM OUR LOBBY CORRESPONDENT

On 21 June the Lords deleted by 79 to 72 votes the clause of the Road Traffic Bill providing for regulations to make the wearing of seat belts in cars compulsory. However, the Government will almost certainly seek to reintroduce the clause when the Bill reaches the Commons and as the pre-

vious Government was also proposing such a measure it is likely to be generally accepted.

The reintroduction of the new clause is technically an amendment which would require the approval of the Lords, but it is considered unlikely that in such an event the Lords would take issue with the Commons over the matter.

The Bill is expected to reach the Statute Book before the end of July.

MEDICAL NEWS

"Making Welsh Health Authorities More Democratic"

A consultative paper *Making Welsh Health Authorities More Democratic* has been published by the Welsh Office—this follows publication of the consultative paper for England (*B.M.J.*, 8 June, p. 569). The proposals are for changes which can be made within existing legislation and without disturbing appointments already made or altering fundamentally the structure of the reorganized N.H.S. In a press statement Mr. John Morris, Secretary of State for Wales, said that the Welsh Office would welcome comments on the proposals, which were intended to strengthen the voice of the community in the management of the Welsh Health Service. The proposals should be taken in conjunction with his recent announcement that 22 watchdog community health councils would be set up in Wales to represent the interests of the public in the district.

The following additional appointments to health authorities are proposed. At least one-third of the membership of each area health authority in Wales should be members of local authorities. To achieve this objective the Government has proposed that the number of members appointed by the county councils to Welsh A.H.A.s should be increased by two to make a total of six. In south Glamorgan, however, an additional four members should be appointed to make a total of eight—that authority already has a larger membership than other Welsh authorities to ensure adequate representation of medical and dental teaching interests.

Provision would also be made for each C.H.C. to nominate one district councillor from its members for appointment by the Secretary of State to the relevant A.H.A.

To strengthen the role of the C.H.C.s the Government proposes that the posts of secretaries to the councils should be filled by open competition; that A.H.A.s should arrange at least once a year a meeting between members of the authority and of the C.H.C.s which should be open to the public; a committee consisting of the chairman of the A.H.A. and the chairman of the C.H.C.s should be set up, which should meet frequently for the exchange of views on matters relating to the functions of the councils; there should be a close working relationship between the officers responsible for the management of the Health Service and the C.H.C.; and on some occasions a member of the area team of officers should attend meetings of the C.H.C. to discuss policy matters for which they have responsibility—those meetings should be open to the public.

A further proposal is that a National Council of Community Health Councils should be established to advise and assist the C.H.C.s (this proposal was also made in the consultative document for England). It has been suggested that an Association of Welsh Community Health Councils might be established with the right to make representations to the Secretary of State for Wales, and discussions with C.H.C.s on this will begin as soon as posible.

The Welsh Office asks that any comments on the consultative paper (published by H.M.S.O., Cardiff, price 20p) should be submitted not later than 31 July.

Joint Meeting of Health Professions

At a meeting being held on 3 July at B.M.A. House (after the *B.M.J.* has gone to press) the Health Service professions will explore the possibility of a joint approach to the Prime Minister about the serious underfinancing of the Health Service and the need for a far reaching inquiry. The meeting will be attended by the chairmen and secretaries of the British Dental Association, the Royal College of Nursing, and the Royal College of Midwives; Mr. Walpole Lewin, Chairman of the B.M.A. Council, and Dr. Derek Stevenson, Secretary, and Dr. E. Grey-Turner, Deputy Secretary, of the B.M.A.

Speaking about the meeting Dr. Derek Stevenson said "This unprecedented meeting of doctors, dentists, nurses and midwives is an indication of the deep concern of all Health Service workers about the danger to the Health Service. The Government must come clean with the public if, for reasons of finance, it is unable to provide the present comprehensive Health Service."

Money for Scottish Hospitals

More than £300,000 has been distributed to hospitals in Scotland by the Scottish Hospital Trust since its formation in 1972. The first report of the trust, published last month, gave details of the use of its income from the capital of over £8 million. The trust was set up to bring together the various endowments and legacies which were transferred to the trust from individual hospitals under the terms of the Hospital Endowments (Scotland) Act 1971.

Bowden House Clinic

Last week Lord Longford opened a new wing at the Bowden House Clinic. This addition, to others in recent years, means that 65 beds are now available in contrast to the 19 which the clinic had 20 years ago. It was founded in 1911 by Dr. Hugh Crichton-Miller with the aim, which it still has, of offering psychiatric treatment in a therapeutic community.

Doctors' Widows and Orphans

The Society for the Relief of Widows and Orphans of Medical Men has prepared an informatory leaflet about its activities. Last year it disbursed over £5,000 to needy doctors' widows. The society is run by doctors, and membership is open to registered British-born doctors who qualified in Britain or Ireland. The society, states the leaflet, is distinguished from other medical charities "by the fact that the widows and orphans of its former members come to it not as supplicants but as of right." The annual subscription varies from £3 to £5, according to age on election. Further details may be obtained from the society's secretary, Dr. J. Leahy Taylor, 50 Hallam Street, London W1N 6DE.

Postgraduate Medical Centres

The Council for Postgraduate Medical Education in England and Wales has published a report by the Postgraduate Medical Education Centre Group on the future use of these centres. There are now over 200 centres, says the report, and all the evidence suggests that their numbers and their use will continue to increase. Vocational training schemes for prospective general practitioners are making more demands on time at centres, since they are often used for lectures and discussions arranged for trainees on a day-release basis.

The report states that a postgraduate centre should be provided at all hospitals with general medical or surgical units. Such a centre should include a lecture theatre large enough to hold half the doctors within the catchment area of the hospital, a separate library, a discussion room or rooms, a common room, catering facilities, and offices. The report rejects the idea of incorporating postgraduate centres into multidisciplinary hospital education centres: if this were done doctors would have to compete for time with other professions and the centre would lose the identity as an intact unit. Copies of the report may be obtained free of charge, from the council at 9 Gloucester Gate, London N.W.1.

People in the News

Major K. H. Hedges, R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished service in Northern Ireland.

Colonel James M. Adam, R.A.M.C., has received the Royal Geographical Society's 1974 Patrick Ness award for exploration medicine for his book *A Traveller's Guide to Health*.

Dr. W. D. Wylie has been appointed dean of St. Thomas's Hospital Medical School from 1 October 1974.

Mr. A. G. Parks, consultant surgeon to the London Hospital and to St. Mark's Hospital, has been appointed chief medical adviser to the British United Provident Association. He will also act as honorary medical adviser to the B.U.P.A.-sponsored Nuffield Nursing Homes Trust.

Dr. C. W. L. Jones, of Ruthin, Denbighshire, has been promoted as Commander (Brother) in the Most Venerable Order of the Hospital of St. John of Jerusalem.

Dr. John Bowlby, Tavistock Institute of Human Relations, London, has been awarded a James Calvert Spence medal of the British Paediatric Association for "outstanding contributions to the advancement of paediatric knowledge."

COMING EVENTS

Society for Cryobiology.—International meeting 4-8 August, Royal Lancaster Hotel, London. Details from local committee, Division of Cryobiology, Clinical Research Centre, Watford Road, Harrow, Middx., HA1 3UJ.

Family Planning Association.—Details of the programme of lunchtime talks and other meetings, July-December, London W1A 4QW, are obtainable from the central inquiries department, F.P.A., 27-35 Mortimer Street, London W1A 4QW. (Tel. 01-636 7866).

South African National and International Radiological Congress.—29 August-4 September, 1974, Johannesburg. Details from the congress director, P.O. Box 4878, Johannesburg, South Africa.

International Conference on the Physician and Population Change.—4-6 September, Stockholm, organized by the W.M.A. in association with World Federation for Medical Education, International Planned Parenthood Federation, and W.H.O. Details from the secretary general, Sir William Refshauge, World Medical Association, Inc., 10 Columbus Circle, New York, New York 10019, U.S.A.

6th International Conference on Alcohol, Drugs, and Traffic Safety.—8-13 September, Toronto, Canada, held in association with the International Committee on Alcohol, Drugs, and Traffic Safety and the International Council on Alcohol and Addictions. Details from the conference manager, International Conference on Alcohol, Drugs, and Traffic Safety. 33 Russell Street, Toronto, Ontario M55 2SI, Canada.

International Labour Office.—International symposia: (1) "Radiation Protection in Mining and Milling of Uranium and Thorium," 9-11 September, Bordeaux, France, organized in collaboration with W.H.O. and I.A.E.A.; (2) "Practical Applications of Ergonomics in Industry, Agriculture and Forestry," 17-20 September, Bucharest, organized in collaboration with the Romanian Ministry of Labour. Details from Dr. E. Mastromatteo, Occupational Safety and Health Branch, International Labour Office, CH-1211 Geneva 22, Switzerland.

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institution concerned.*

Monday, 8 July

INSTITUTE OF PSYCHIATRY.—5.30 p.m., Kenneth Cameron memorial lecture by Dr. W. Warren: Child Psychiatry and the Maudsley Hospital—a Historical Survey.

Tuesday, 9 July

ROYAL POSTGRADUATE MEDICAL SCHOOL.—6 p.m., Dr. B. B. MacGillivray: Neurology of Death.

Wednesday, 10 July

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3 p.m., Bernhard Baron lecture by Professor D. Slome: Some aspects of Experimental Surgical Research.

ROYAL POSTGRADUATE MEDICAL SCHOOL.—2 p.m., lecture by Professor V. Dubowitz.

Friday, 12 July

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—4.30 p.m., Sir John Struthers lecture by Professor G. J. Romanes: Anatomy.

ROYAL POSTGRADUATE MEDICAL SCHOOL.—11 a.m., Mr. F. T. de Dombal: Computers and Medical Diagnosis.

B.M.A. NOTICES

Diary of Central Meetings

JULY

8 Mon. Remuneration Subcommittee (Occupational Health), 10.30 a.m.

9 Tues. A.R.M. Agenda Committee (at Station Hotel, Kingston upon Hull), 4 p.m.

10 Wed. to 13 Sat. **Annual Representative Meeting** (at City Hall, Kingston upon Hull).

11 Thurs. Organization Committee (at Hull Centre, Kingston upon Hull), 12.30 p.m.

13 Sat. B.M.A. Extraordinary General Meeting, 12.30 p.m., followed by Annual General Meeting.

15 Mon. to 18 Thurs. **Annual Scientific Meeting** (at Hull University).

16 Tues. Joint Consultants Committee (at Royal College of Pathologists, London, S.W.1), 10 a.m.

25 Thurs. General Medical Services Committee, 10 a.m.

UNIVERSITIES AND COLLEGES

LONDON

M.D.—J. A. Agboola.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

D.C.H.—Irene A. Aird, Gillian M. Baird, T. H. Barlow, Bushan Bhan, Judith K. Bury, King-On Cheung, J. F. Dracass, Diana E. Drife, E. M. M. El Naggar, G. I. Fiddler, Sarah P. Gawley, J. D. McE. Gould, Fiona A. Logan, W. M. Luke, K. D. McKeown, J. J. McPhee, A. M. Martin, Sumitra K. Mukherjee, J. R. Oakley, Margaret C. A. Orr, Neena D. Phull, S. F. H. Shah, V. Sivaprakasapillai, P. J. Smail, A. D. Smith, A. M. Soufi, C. R. Steer, H. A. Tait, M. Qudrat-e-Khuda Talukder, S. A. J. Walker, M. W. Whiteside, A. Yohani.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D.OBST. R.C.O.G.—Tinuola A. Abiola, J. T. Ackroyd, M. J. Adam, M. B. Addlestone, Inayat Ali Susan E. Allan, R. J. Alliott, Dant C. Anath, I. Anderson, Vivien J. Armstrong, Vijay L. Arora, P. J. D. Arthur, Prema Arun Kumar, J. S. Ashworth, K. T. Auchinachie, D. S. Badham, I. M. M. Bagshaw, J. N. R. Bailey, P. Bailey, T. R. Bailey, Elizabeth Baines, J. A. Baird, Jennifer C. T. Baker, Anne C. Baldwin, M. D. Ballon, B. R. Bannar-Martin, N. K. Barber, D. J. C. Barclay, G. H. Barnes, R. K. Barnes, G. M. Harold, H. Barrowclough, C. N. Barry, Jayashree Bhattacharya, R. Bickerstaffe, A. L. T. Blair, I. R. B. Bloom, M. D. Boll, S. M. Booker, Margaret J. Borthwick, D. P. Boss, Denise S. Bound, Sarah J. Bradley, J. P. Brennan, A. G. Brereton, M. A. Briggs, M. P. Bristol, A. T. Brown, Carole S. Brown, J. K. Brownsdon, P. K. Buck, E. G. Buckley, P. L. Burgess, B. D. Calder, J. P. Calvert, C. V. Campbell, D. J. R. Cannell, J. L. Carey, D. L. Carr-Locke, Daphne E. Chadwick, R. G. Chapman, Paresnath Chaudhuri, L. J. J. Chester, L. Chung, Lynda T. Church, J. A. Clarke, P. K. L. Coles, S. R. D. Coles, Yvonne D. Collins, J. H. Cooper-Smith, A. Copsey, Ethnea-Anne M. Coulson, Helen Cox, Jennifer Crawley A. J. R. Crooks, R. Cross, Helen J. C. Crowe, J. McA. Cruickshank, A. W. Curry, Elizabeth M. Curry, C. J. Cuthbert, Jane E. Davidson, J. C. Davies, J. R. Davies Madeleine J. Davis, J. F. Day, B. E. Dean, R. G. K. De Mel, Z. K. Dhanani, M. L. D. Dingle, Jennifer Dodson, Naomi M. Doe, P. B. Doloswala, S. Dorrett, A. W. R. Douglass, J. A. Downey, Felisbert D'Souza, L. Dubowitz, M. R. Dugdale, G. C. Dunbar, P. J. Duncan, Rosalie T. Dunn, D. F. Earl, J. Eddington, Eve V. Elliott, B. L. Elvy, A. N. Emery, Eva M. Eros Babatunde I. Fabunmi, C. F. Farrant, D. W. Felce, N. J. Ferguson, A. M. Ferris, R. Fields, Ilora G. Finlay, D. A. J. Firebrace, C. T. Fleetcroft, Barbara J. Forgan, Penelope J. Foster, June L. Francis, J. W. Frank, J. M. Fryer, J. M. Gallagher, J. H. 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Corrections

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In the Summary of Recommendations (*Supplement*, 29 June, p. 129) under "Hospital Medical Staff" it was incorrectly stated that maximum payments to part-time medical officers at convalescent homes, etc., would be increased from £3,195 to £4,140. This should have read from £3,915 to £4,140.

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